

**City of Burkburnett - Voluntary Contribution Form**

**Burkburnett Volunteer Fire Department**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Monthly Contribution Amount (select one):     I no longer wish to contribute  
 \$0.50       \$1.00       \$2.00       \$5.00       \$10.00       Other \$ \_\_\_\_\_

Notes:

- This contribution may be tax deductible. The City of Burkburnett will not be providing any tax forms and will not be keeping track of individual contributions.
- By signing this form, I agree to allow the City of Burkburnett to provide this information to the Burkburnett Volunteer Fire Department.



Signature: \_\_\_\_\_

Acct # \_\_\_\_\_